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CONFIRMATION NO. 4993

SERIAL NUMBER 10/630,590	FILING DATE 07/29/2003 RULE	CLASS 512	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. VITA-008
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/409,298 09/09/2002

and claims benefit of 60/450,464 02/27/2003

and is a CIP of PCT/US02/24655 08/02/2002

which claims benefit of 60/309,841 08/03/2001

and claims benefit of 60/360,061 02/25/2002

This application 10/630,590

is a CIP of 10/080,273 02/19/2002

which claims benefit of 60/269,523 02/16/2001

~~This application 10/630,590~~~~is a CIP of 00/710,059 11/10/2000 ABN~~

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 10/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>3/29/05</u> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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ADDRESS

24353

BOZICEVIC, FIELD & FRANCIS LLP

1900 UNIVERSITY AVENUE

SUITE 200

EAST PALO ALTO, CA

94303

TITLE

Methods of diagnosing cervical cancer

☐ All Fees

<p>FILING FEE</p> <p>RECEIVED</p> <p>417</p>	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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